



Schedule of Fees for Covered Services

2007

CPT Code	Description	Non-Facility Fee	Facility Fee
00400	Anesthesia (base code of 3 RVU plus # of units x rate)	\$15.51	\$15.51
10021	Fine needle aspiration (FNA); without imaging guidance	\$135.23	\$69.38
10022	Fine needle aspiration (FNA); with imaging guidance	\$145.66	\$64.94
19000	Puncture aspiration of cyst of breast	\$111.06	\$44.78
19001	Puncture aspiration of cyst of breast, each additional cyst, used with 19000	\$26.61	\$22.18
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$133.68	\$66.61
19101	Breast biopsy, open, incisional	\$306.11	\$202.49
19102	Breast biopsy, percutaneous, needle core, w/ imaging guidance	\$225.24	\$103.16
19103	Breast biopsy, percutaneous, auto vacuum assisted or rotating biopsy device, w/imaging guidance	\$585.91	\$191.12
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions – REVIEW REQUIRED	\$420.18	\$358.73
19125	Excision of breast lesion ID'd by preop placement of radiological marker; open; single lesion	\$461.84	\$397.59
19126	Excision of breast lesion ID'd by preop placement of radiological marker, open; each additional lesion separately identified by a preop radiological marker	\$155.01	\$155.01
19290	Preoperative placement of needle localization wire (breast) – TC	\$161.52	\$65.12
19291	Preoperative placement of needle localization wire (breast) – each additional lesion	\$71.43	\$32.46
19295	Image – guided placement, metallic localization clip, percutaneous, during breast biopsy	\$103.43	\$81.34
36415	Collection of venous blood by venipuncture	\$3.00	\$3.00
57452	Colposcopy of the cervix including upper/adjacent vagina	\$109.86	\$90.17
57454	Colposcopy with biopsy(s) of the cervix and endocervical curettage	\$156.26	\$136.98
57455	Colposcopy with biopsy(s) of cervix	\$145.80	\$112.06
57456	Colposcopy with endocervical curettage	\$137.59	\$104.26
57460	Endoscopy with loop electrode biopsy(s) of the cervix – REVIEW REQUIRED [diagnostic only]	\$331.57	\$165.30
57461	Endoscopy with loop electrode conization of the cervix – REVIEW REQUIRED [diagnostic only]	\$365.41	\$191.11
57500	Biopsy, single or multiple, or local excision of lesion	\$143.61	\$72.53
57505	Endocervical curettage (not done as part of a dilation and curettage)	\$103.02	\$89.76
57520	Conization of the cervix, w/ or w/out fulguration, w/ or w/out dilation & curettage, w/ or w/out repair; cold knife or laser – REVIEW REQUIRED [diagnostic only]	\$313.58	\$273.02
57522	Loop electrode excision procedure – REVIEW REQUIRED [diagnostic only]	\$266.03	\$239.94
58100	Endometrial sampling (biopsy) w/ or w/o endocervical sampling (biopsy) – REVIEW REQUIRED [following AGC Pap only]	\$111.91	\$88.61
71020	Radiologic examination, chest, two views, frontal and lateral – REVIEW REQUIRED	\$35.83	\$35.83
71020 26	Radiologic examination, chest, two views, frontal and lateral – REVIEW REQUIRED	\$11.29	\$11.29
71020 TC	Radiologic examination, chest, two views, frontal and lateral – REVIEW REQUIRED	\$24.53	\$24.53
G0202*	Screening Mammogram, Digital, Bilateral	\$85.61	\$85.61
G0202 26*	Screening Mammogram, Digital, Bilateral	\$35.55	\$35.55
G0202 TC*	Screening Mammogram, Digital, Bilateral	\$50.06	\$50.06
G0204*	Diagnostic Mammogram, Digital, Bilateral	\$102.06	\$102.06
G0204 26*	Diagnostic Mammogram, Digital, Bilateral	\$43.98	\$43.98
G0204 TC*	Diagnostic Mammogram, Digital, Bilateral	\$58.09	\$58.09
G0206*	Diagnostic Mammogram, Digital, Unilateral	\$55.69	\$55.69
G0206 26*	Diagnostic Mammogram, Digital, Unilateral	\$9.46	\$9.46
G0206 TC*	Diagnostic Mammogram, Digital, Unilateral	\$46.23	\$46.23
76098	Radiological examination, surgical specimen – REVIEW REQUIRED	\$23.70	\$23.70
76098 26	Radiological examination, surgical specimen – REVIEW REQUIRED	\$8.02	\$8.02
76098 TC	Radiological examination, surgical specimen – REVIEW REQUIRED	\$15.67	\$15.67
76645	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	\$78.58	\$78.58
76645 26	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	\$27.53	\$27.53
76645 TC	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	\$51.05	\$51.05

76942	Ultrasonic guidance for needle placement, biopsy of breast	\$165.31	\$165.31
76942 26	Ultrasonic guidance for needle placement, biopsy of breast	\$34.30	\$34.30
76942 TC	Ultrasonic guidance for needle placement, biopsy of breast	\$131.01	\$131.01
76970	Breast Ultrasound – follow-up study	\$73.21	\$73.21
76970 26	Breast Ultrasound – follow-up study	\$20.54	\$20.54
76970 TC	Breast Ultrasound – follow-up study	\$52.66	\$52.66
77031	Stereotactic localization guidance for breast biopsy or needle placement	\$317.41	\$317.41
77031 26	Stereotactic localization guidance for breast biopsy or needle placement	\$81.18	\$81.18
77031 TC	Stereotactic localization guidance for breast biopsy or needle placement	\$236.26	\$236.26
77032	Mammographic for needle placement, breast	\$73.19	\$73.19
77032 26	Mammographic for needle placement, breast	\$28.35	\$28.35
77032 TC	Mammographic for needle placement, breast	\$44.84	\$44.84
77055	Mammography; unilateral	\$55.69	\$55.69
77055 26	Mammography; unilateral	\$9.46	\$9.46
77055 TC	Mammography; unilateral	\$46.23	\$46.23
77056	Mammography; bilateral	\$102.06	\$102.06
77056 26	Mammography; bilateral	\$43.98	\$43.98
77056 TC	Mammography; bilateral	\$58.09	\$58.09
77057	Screening mammogram, bilateral (2-view film study of each breast)	\$85.61	\$85.61
77057 26	Screening mammogram, bilateral (2-view film study of each breast)	\$35.55	\$35.55
77057 TC	Screening mammogram, bilateral (2-view film study of each breast)	\$50.06	\$50.06
80048	Basic metabolic panel	\$11.83	\$11.83
80053	Comprehensive metabolic panel	\$14.77	\$14.77
80061	Lipid panel	\$15.34	\$15.34
82465	Cholesterol, serum or whole blood, total	\$6.08	\$6.08
82947	Blood glucose, quantitative (except reagent strip)	\$5.48	\$5.48
82948	Blood glucose, reagent strip	\$3.57	\$3.57
82951	Glucose tolerance test (GTT), three specimens	\$17.99	\$17.99
83036	Hemoglobin assay	\$13.56	\$13.56
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	\$8.06	\$8.06
87621	Human papillomavirus (HPV) amplified probe	\$36.39	\$36.39
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/ interpretation	\$58.89	\$58.89
88104 26	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/ interpretation	\$29.26	\$29.26
88104 TC	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/ interpretation	\$28.93	\$28.93
88141	Cytopathology, cervical, requiring interpretation by physician	\$24.59	\$24.59
88142*	Cytopathology, cervical, in preservative fluid, auto. thin layer prep; manual screen – MD supervision	\$14.76	\$14.76
88143*	Cytopathology, cervical, in preservative fluid, auto. thin layer prep; manual screening & rescreening under MD supervision – REVIEW REQUIRED	\$14.76	\$14.76
88150	Cytopathology, slides, cervical; manual screening under MD supervision – REVIEW REQUIRED	\$14.76	\$14.76
88160	Cytopathology, smears, any other source; screening and interpretation	\$53.61	\$53.61
88160 26	Cytopathology, smears, any other source; screening and interpretation	\$26.68	\$26.68
88160 TC	Cytopathology, smears, any other source; screening and interpretation	\$26.92	\$26.92
88161	Cytopathology, smears, any other source; preparation, screening, and interpretation	\$59.23	\$59.23
88161 26	Cytopathology, smears, any other source; preparation, screening, and interpretation	\$27.08	\$27.08
88161 TC	Cytopathology, smears, any other source; preparation, screening, and interpretation	\$32.14	\$32.14
88162	Cytopathology, extended study involving over 5 slides and/or multiple stains	\$71.37	\$71.37
88162 26	Cytopathology, extended study involving over 5 slides and/or multiple stains	\$40.43	\$40.43
88162 TC	Cytopathology, extended study involving over 5 slides and/or multiple stains	\$30.94	\$30.94
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under MD supervision	\$14.76	\$14.76
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$53.72	\$53.72
88172 26	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$32.42	\$32.42

88172 TC	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$21.31	\$21.31
88173	Cytopathology – evaluation of fine needle aspirate: interpretation and report	\$140.77	\$140.77
88173 26	Cytopathology – evaluation of fine needle aspirate: interpretation and report	\$74.49	\$74.49
88173 TC	Cytopathology – evalutaion of fine needle aspirate: interpretation and report	\$66.29	\$66.29
88174*	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under MD supervision – REVIEW REQUIRED	\$14.76	\$14.76
88175*	Cytopathology, cervical or vag., screening by automated system & manual rescreening or review, MD supervision – REVIEW REQUIRED	\$14.76	\$14.76
88305	Surgical pathology, gross and microscopic examination, Level IV – REVIEW REQUIRED	\$108.32	\$108.32
88305 26	Surgical pathology, gross & microscopic examination, Level IV – REVIEW REQUIRED	\$40.41	\$40.41
88305 TC	Surgical pathology, gross and microscopic examination, Level IV – REVIEW REQUIRED	\$67.91	\$67.91
88307	Surgical pathology, gross and microscopic examination, Level V – REVIEW REQUIRED	\$201.48	\$201.48
88307 26	Surgical pathology, gross and microscopic examination, Level V – REVIEW REQUIRED	\$85.77	\$85.77
88307 TC	Surgical pathology, gross and microscopic examination, Level V – REVIEW REQUIRED	\$115.71	\$115.71
88321	Surgical pathology, consultation & report on referred slides prepared elsewhere – REVIEW REQUIRED	\$93.23	\$83.59
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – REVIEW REQUIRED	\$91.76	\$91.76
88331 26	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – REVIEW REQUIRED	\$64.41	\$64.41
88331 TC	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – REVIEW REQUIRED	\$27.35	\$27.35
88332	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	\$41.25	\$41.25
88332 26	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	\$31.59	\$31.59
88332 TC	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	\$9.66	\$9.66
93000	Routine ECG with at least 12 leads; w/ interpretation and report – REVIEW REQUIRED	\$25.71	\$25.71
99070	Supplies and materials, reimbursed at manual price – REVIEW REQUIRED		
99201	Office visit – new patient (10 minutes)	\$37.67	\$23.22
99202	Office visit – new patient (20 minutes)	\$65.88	\$46.21
99203	Office visit – new patient (30 minutes)	\$97.36	\$70.86
99204*	Office visit – new patient (45 minutes) – REVIEW REQUIRED	\$97.36	\$70.86
99205*	Office visit – new patient (60 minutes) – REVIEW REQUIRED	\$97.36	\$70.86
99211	Office visit – established patient (5 minutes)	\$21.29	\$8.83
99212	Office visit – established patient (10 minutes)	\$38.87	\$23.61
99213	Office visit – established patient (15 minutes)	\$63.50	\$45.03
99214*	Office visit – established patient (25 minutes)	\$63.50	\$45.03
99215*	Office visit – established patient (40 minutes)	\$63.50	\$45.03
99241	Office consultation – new or established patient (15 minutes)	\$51.16	\$33.89
99242	Office consultation – new or established patient (30 minutes)	\$94.36	\$71.07
99243	Office consultation – new or established patient (40 minutes)	\$129.32	\$98.39
99244	Office consultation – new or established patient (60 minutes) – REVIEW REQUIRED	\$190.66	\$154.92
99245*	Office consultation – new or established patient (80 minutes) – REVIEW REQUIRED	\$190.66	\$154.92
99385*	Initial comprehensive preventive medicine visit – new patient (18-39 years)	\$129.32	\$98.39
99386*	Initial comprehensive preventative medicine visit – new patient (40-64 years)	\$129.32	\$98.39
99387*	Initial comprehensive preventive medicine visit – new patient (65+ years)	\$129.32	\$98.39
99395*	Periodic comprehensive preventive medicine visit – established patient (18-39 years)	\$129.32	\$98.39
99396*	Periodic comprehensive preventive medicine visit – established patient (40-64 years)	\$129.32	\$98.39
99397*	Periodic comprehensive preventive medicine visit – established patient (65+ years)	\$129.32	\$98.39

NOTE: EXTRA CHARGES are paid only per itemized review.

*Paid at conventional rates (per CDC)